



# PROPERTY TAX POSTPONEMENT CLAIM

# 2000

1. SOCIAL SECURITY NUMBER		2. FIRST NAME		INITIAL	LAST NAME	A	00-01
3. YOUR DATE OF BIRTH		PLEASE PLACE PREADDRESSED LABEL HERE, IF AVAILABLE				This Space for Controller's Use Only APN	
month	day						
4. IN CARE OF NAME (IF APPLICABLE)						County Code	
5. MAILING ADDRESS (NUMBER AND STREET)						Letter Code	
6. (CITY)		(COUNTY)		(STATE)	(ZIP CODE)	Percent No.	
7. SPOUSE'S SOCIAL SECURITY NUMBER		SPOUSE'S AGE		SPOUSE'S NAME		Timely Code	
8. ADDRESS OF RESIDENTIAL DWELLING (NUMBER AND STREET)						Multi Pcl.	
9. (CITY) (COUNTY) (STATE) (ZIP CODE)						Income	
<b>FILING REQUIREMENTS:</b>							
10. If you will be <b>62 or older</b> on December 31, 2000 check this box. <input type="radio"/> <input type="checkbox"/> <b>62 or older</b>							
11. If you will be under 62 on December 31, 2000 and are <b>BLIND</b> <input type="radio"/> <input type="checkbox"/> <b>Blind</b>							
OR <b>DISABLED</b> , check the appropriate box. <input type="radio"/> <input type="checkbox"/> <b>Disabled</b>							
Proof of disability is required each year.							
12. As of Dec. 31, 1999, have you and all other recorded owners, except spouse and direct-line relatives, owned and occupied as your principal place of residence <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TRANSFER the property for which taxes are to be postponed? (See page 11.)							
13. Enter the date you purchased your home: _____ First-time filers, if you purchased your home after December 31, 1999, <b>STOP</b> . You do not qualify to postpone your property taxes this year.							
14. Enter, to the best of your knowledge, the total amount of liens, deeds of trust, mortgages or other encumbrances recorded against your home. (See page 12.) \$ _____							
15. Is your property held in a trust? <input type="checkbox"/> YES <input type="checkbox"/> NO							
16. List name(s) and relationship(s) of <b>all</b> owners of your property. <b>Anyone listed below who IS NOT a spouse or direct-line relative must also submit proof of eligibility.</b>							
NAME		RELATIONSHIP		SOCIAL SECURITY NUMBER		AGE	

On line 17 through line 24, enter your INCOME for the 1999 calendar year. If you are married, include your spouse's income. On line 25, enter the total income of other household members. (See pages 12 – 14.)

17. <b>Social Security and/or Railroad Retirement</b> .....	• 17. _____
18. <b>Interest and/or Dividends</b> .....	• 18. _____
19. <b>Pensions and/or Annuities</b> .....	• 19. _____
20. <b>SSI/SSP</b> .....	• 20. _____
21. <b>Rental Income (or Loss).</b> Attach Federal Form 1040 and Schedules .....	<input type="radio"/> • 21. _____
22. <b>Business Income (or Loss).</b> Attach Federal Form 1040 and Schedules .....	<input type="radio"/> • 22. _____
23. <b>Capital Gain (or Loss).</b> Attach Federal Form 1040 and Schedules .....	<input type="radio"/> • 23. _____
24. <b>Other Income (including Wages)</b> (See page 13.) .....	• 24. _____
25. <b>Income of Other Household Members.</b> Do not include income of minors, students or renters. (See page 14.) .....	• 25. _____
26. <b>SUBTOTAL.</b> Add lines 17 through 25 .....	• 26. _____
27. <b>Adjustments to Income.</b> Attach documentation. (See page 14.) .....	<input type="radio"/> • 27. _____
28. <b>TOTAL HOUSEHOLD INCOME.</b> Subtract line 27 from line 26 ..... If line 28 is more than \$24,000, (or \$34,000 if you qualified in 1983) <b>STOP.</b> You do not qualify.	• 28. _____

29. IS YOUR RESIDENCE A PART OF A COOPERATIVE HOUSING CORPORATION? (See page 15.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. IS YOUR RESIDENCE BASED ON A LEASEHOLD (POSSESSORY) INTEREST? If yes, first-time filers must attach a copy of the recorded lease agreement and policy of title insurance. (See pages 15-16.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. IS YOUR RESIDENCE BASED UPON A LIFE ESTATE OR UNDER A CONTRACT OF SALE? If yes, attach written consent from remainderman or the title holder. (See page 16.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. IS YOUR RESIDENCE A MOBILEHOME OR FLOATING HOME THAT IS SITUATED ON OR NEAR RENTED OR LEASED LAND? If yes, attach a copy of your current Certificate of Title and/or Registration Card. (See pages 16-17.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. IS ANY PORTION OF YOUR PROPERTY USED FOR RENTAL OR BUSINESS? If yes, enter the percentage devoted to your personal use. (See pages 17-18.) _____% <b>The percentage indicated is the amount that is eligible for postponement.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PLEASE SIGN THE COMPLETED FORM. ATTACH ALL REQUIRED DOCUMENTS AND MAIL TO:**

KATHLEEN CONNELL, CALIFORNIA STATE CONTROLLER  
DIVISION OF COLLECTIONS  
PROPERTY TAX POSTPONEMENT PROGRAM  
P.O. BOX 942850  
SACRAMENTO, CALIFORNIA 94250-5880

**AN INCOMPLETE APPLICATION AND/OR MISSING DOCUMENTS WILL RESULT IN A DELAY IN PROCESSING.**

Under penalty of perjury, I declare that this claim, including accompanying documents, is to the best of my knowledge true, correct, and complete.

\_\_\_\_\_  
CLAIMANT'S SIGNATURE & DATE  
  
(\_\_\_\_\_)\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF OTHER OWNER  
  
\_\_\_\_\_  
SIGNATURE OF OTHER OWNER

**Signatures of all property owners are required. (See page 18.)**